

**DEPARTMENT OF HEALTH****NOTICE OF PROPOSED RULEMAKING**

The Director of the Department of Health, pursuant to the authority set forth under section 302(14) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)), Mayor's Order 98-140, dated August 20, 1998, section 202(b) of the Medical Malpractice Amendment Act of 2006 (Amendment Act), effective March 14, 2007 (D.C. Law 16-263; D.C. Official Code § 7-161(b)), and Mayor's Order 2008-25, dated February 8, 2008, hereby gives notice of the intent to take final rulemaking action to adopt the following amendments to Title 17 (Business, Occupations & Professions) (May 1990) of the District of Columbia Municipal Regulations (DCMR) in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

The purpose of the amendments is to update reporting requirements for all health care professions as a result of the enactment of the Amendment Act.

**Chapter 40 (Health Occupations: General Rules) of Title 17 DCMR is amended as follows:**

**A new section 4017 is added to read as follows:**

**4017           REPORTING REQUIREMENTS**

- 4017.1       Any health care provider that employs a physician who is licensed in the District of Columbia shall report the following to the Board of Medicine within ten (10) days:
- (a) Any disciplinary action that is taken against the physician by the health care provider; and
  - (b) The resignation of any physician that occurs while the physician is being investigated by the health care provider.
- 4017.2       The Board of Medicine shall impose a penalty not to exceed two thousand five hundred dollars (\$2,500.00) on a physician who employs a physician and who fails to comply with the provisions of § 4017.1.
- 4017.3       The Board of Medicine shall refer to the appropriate board or to the System Administrator for appropriate action non-physician health care providers who fail to report the discipline of physicians or the resignation of physicians while under investigation pursuant to § 4017.1, or who do so more than ten (10) days after the discipline is imposed or the resignation occurs.

- 4017.4 Health care providers and medical facilities providing services in the District of Columbia shall submit biannual adverse event reports, on January 1 and July 1 of each calendar year, to the System Administrator.
- 4017.5 Each adverse event report shall:
- (a) Be reported using the form approved by the Board of Medicine and available on the Department's Health Regulation and Licensing Administration (HRLA) website;
  - (b) Ensure that the patient's identity shall be de-identified and anonymous. For each adverse event reported, the reporting health care provider or medical facility shall use a numeric internal event identifier that will allow the System Administrator to subpoena health records and conduct investigations when needed; and
  - (c) Include a corrective action plan designed to prevent future similar adverse events.
- 4017.6 Individual health care providers shall not be required to report adverse events occurring in medical facilities in which they have privileges or in which they are employed or provide contracted services unless they own the medical facility.
- 4017.7 Medical facilities shall report adverse events to the System Administrator that occur in the facility or as a result of the service.
- 4017.8 The appropriate board or the Office of Administrative Hearings (OAH) shall adjudicate contested cases for failing to timely file adverse event reports.
- 4017.9 The appropriate board, the System Administrator, or OAH shall impose a penalty of not less than five hundred dollars (\$500.00) or more than two thousand five hundred dollars (\$2,500.00) for failure to submit a timely adverse event report.
- 4017.10 The System Administrator shall be responsible for:
- (a) Investigating adverse events as needed, including the subpoenaing of de-identified and anonymous primary health records;
  - (b) Collecting, organizing, and storing data on adverse events occurring in the District of Columbia;
  - (c) Tracking, assessing, and analyzing the incoming reports, findings, and corrective action plans;

- (d) Identifying common adverse event patterns or trends;
- (e) Recommending methods to reduce systematic adverse events;
- (f) Providing technical assistance to health care providers and medical facilities on the development and implementation of patient safety plans to prevent adverse events;
- (g) Disseminating information and advising health care providers and medical facilities in the District of Columbia on medical best practices;
- (h) Monitoring national trends in best practices and disseminating relevant information and advice to health care providers and medical facilities in the District of Columbia; and
- (i) Publishing an annual report that includes summary data of the number and types of adverse events for the prior calendar year by type of healthcare provider and medical facility, rates of change per type of event, other analyses, and recommendations to improve health care delivery in the District of Columbia.

4017.11 Information provided to or obtained by the System Administrator pursuant to §§ 4017.4 and 4017.5, including the identity of persons providing such information and the reports or documents provided pursuant to § 4016.5, as well as files, records, findings, opinions, recommendations, evaluations, and reports of the System Administrator, shall be confidential and shall not be subject to disclosure pursuant to any other provision of law, and shall not be discoverable or admissible into evidence in any civil, criminal, or legislative proceeding. The information shall not be disclosed by any person under any circumstances, except as such data in the aggregate may be published in the annual report by the System Administrator.

4017.12 No person providing information to the System Administrator shall be compelled to testify in any civil, criminal, or legislative proceeding with respect to any confidential matter contained in the information provided to the System Administrator, except the System Administrator may provide information in a criminal proceeding in which an individual is accused of a felony, if ordered to do so by a court pursuant to D.C. Official Code § 7-161(e)(3).

4017.13 Information gathered by the System Administrator on adverse events pursuant to this section shall not be used for purposes other than as set forth in § 4017.10.

4017.14 Information submitted by health care providers and medical facilities

pursuant to this section shall not be shared with the Healthcare Facilities Division (HFD) of the HRLA.

- 4017.15 Medical facilities and individual health care providers are subject to investigation by the System Administrator, in addition to investigations pursuant to §§ 4017.5(b) and 4017.10(a), for a failure to file an adverse event report in a timely manner.
- 4017.16 When information on an adverse event comes to the System Administrator by other means, such as by complaint or by regular processes performed by the HFD, such information may be used by HFD to initiate an investigation for purposes of regulatory compliance unrelated to the reporting of adverse events pursuant to D.C. Official Code § 7-161.

**Section 4099 is amended to read as follows:**

**4099 DEFINITIONS**

- 4099.1 As used in this chapter, the following terms and phrases shall have the meanings ascribed:

**Act** – the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*).

**Adverse event** – an event, occurrence, or situation involving the medical care of a patient by a health care provider that results in death or an unanticipated injury to the patient, as designated by the Board of Medicine and available on the Department's Health Regulation and Licensing Administration website.

**Board** – the Board of Acupuncture, Board of Chiropractic, Board of Dentistry, Board of Dietetics and Nutrition, Board of Marriage and Family Therapy, Board of Massage Therapy, Board of Medicine, Board of Nursing, Board of Nursing Home Administration, Board of Occupational Therapy, Board of Optometry, Board of Pharmacy, Board of Physical Therapy, Board of Podiatry, Board of Professional Counseling, Board of Psychology, Board of Podiatry, Board of Respiratory Care, or Board of Social Work established by the Act, as the context requires.

**Certificate** – a certificate to practice a specialty of health occupation issued by a board pursuant to this subtitle or the Act.

**Day** – a calendar day.

**Department** – the Department of Health.

**Director** – the Director of the Department of Health, or the Director’s designee.

**Disciplinary action** – an action taken by a health care provider that limits or revokes the privileges of a physician to practice medicine at any medical facility of that provider or that results in the termination of the physician’s employment or other contractual relationship with the provider due to substandard quality of clinical practice, unprofessional behavior, or substance abuse.

**Employs** – the action of a health care provider to enter into an employment or other contractual relationship with a physician to practice medicine or to grant a physician privileges to practice medicine at any medical facility of that provider.

**Health care provider** - an individual or entity licensed or otherwise authorized under District law to provide healthcare service, including a hospital, nursing facility, comprehensive outpatient rehabilitation facility, home health agency, hospice program, renal dialysis facility, ambulatory surgical center, pharmacy, physician or health care practitioner’s office, long-term care facility, behavior health residential treatment facility, health clinic, clinical laboratory, health center, physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, psychologist, certified social worker, registered dietitian or nutrition professional, physical or occupational therapist, pharmacist, or other individual health care practitioner.

**Legal holiday** – one of the following holidays:

- (a) New Year’s Day;
- (b) Martin Luther King, Jr.’s Birthday;
- (c) Washington’s Birthday;
- (d) Memorial Day;
- (e) Independence Day;
- (f) Labor Day;
- (g) Columbus Day;
- (h) Veterans Day;

- (i) Thanksgiving Day;
- (j) Christmas Day; or
- (k) Any other day designated as a legal holiday by the president, the Congress, the Mayor of the Council of the District of Columbia, on the actual day the legal holiday is celebrated by the government of the District of Columbia.

**License** – a license to practice a health occupation issued by a board pursuant to this chapter or the Act.

**Medical facility** – a hospital, nursing facility, comprehensive outpatient rehabilitation facility, home health agency, hospice program, renal dialysis facility, ambulatory surgical center, pharmacy, physician or health care practitioner's office, long-term care facility, behavior health residential treatment facility, health clinic, clinical laboratory, or health center.

**Primary health record** – the record of continuing care maintained by a health professional, group practice, or health care facility or agency containing all diagnostic and therapeutic services rendered to an individual patient by the health professional, group practice, or health care facility, or agency.

**Registration** – a registration required to practice a health occupation issued pursuant to this chapter or the Act.

**System Administrator** – the Senior Deputy of the Department's Health Regulation and Licensing Administration, or such other individual as designated by the Director.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments in writing not later than thirty (30) days after the date of publication of this notice in the *D.C. Register*. Comments on the proposed rules should be sent in writing to the Department of Health, Office of the General Counsel, 4<sup>th</sup> Floor, 825 North Capitol Street, N.E., Washington, D.C. 20002. Copies of proposed rules may be obtained at the same address during the hours of 9:00 a.m. to 5 p.m., Monday through Friday, excluding holidays.

## DEPARTMENT OF HEALTH

**NOTICE OF PROPOSED RULEMAKING**

The Director of the Department of Health, pursuant to the authority set forth in section 7 of the AIDS Health-Care Response Act of 1986, effective June 10, 1986 (D.C. Law 6-121; D.C. Official Code § 7-1606), 42 U.S.C.S. § 300ff-22, and Mayor's Order 2000-55, dated April 12, 2000, hereby gives notice of his intent to adopt the following amendment to Chapter 20 of Title 29 of the District of Columbia Municipal Regulations in not less than thirty (30) days from the date of publication of this notice in the *D.C. Register*.

These rules will increase an applicant's maximum liquid assets for participation in the AIDS Drug Assistance Program.

**Section 2003.1 of Chapter 20 of Title 29 (Public Welfare) (May 1987) of the District of Columbia Municipal Regulations is amended to read as follows:**

2003.1           An applicant's liquid assets shall not exceed twenty-five thousand dollars (\$25,000) at the time of application for assistance.

Persons desiring to comment on these proposed rules should submit comments in writing to the Department of Health, Office of the General Counsel, 825 North Capitol Street, N.E., 4<sup>th</sup> Floor, Washington, D.C. 20002, no later than thirty (30) days after the date of publication of this notice in the *D.C. Register*. Copies of these proposed rules and related information may be obtained between 8:30 A.M. and 5:00 P.M. Monday through Friday, excluding holidays, at the address stated above.

**PUBLIC SERVICE COMMISSION OF THE DISTRICT OF COLUMBIA  
1333 H STREET, N.W., SUITE 200, WEST TOWER  
WASHINGTON, D.C. 20005**

**NOTICE OF PROPOSED RULEMAKING**

**TELEPHONE TARIFF 08-04, IN THE MATTER OF THE APPLICATION OF  
VERIZON WASHINGTON, DC INC. FOR AUTHORITY TO AMEND THE  
GENERAL SERVICES TARIFF, P.S.C.-D.C. No. 203**

1. The Public Service Commission of the District of Columbia ("Commission") pursuant to its authority under D.C. Official Code § 2-505,<sup>1</sup> hereby gives notice of its intent to act upon the Application of Verizon Washington, DC Inc. ("Verizon" or "Verizon DC")<sup>2</sup> in the above-captioned matter in not less than thirty (30) days after the date of publication of this Notice of Proposed Rulemaking ("NOPR") in the *D.C. Register*.

2. On March 28, 2008, Verizon DC filed an application requesting authority to amend the following tariff pages:

**GENERAL SERVICES TARIFF, P.S.C.-D.C. No. 203  
Section 31, 4<sup>th</sup> Revised Page 6  
Original Page 6a**

3. Verizon DC proposes to revise the terms and provide additional options to the Bundled Discounts offering.<sup>3</sup> In addition, Verizon avers that these services are not classified under the Plan.<sup>4</sup> Verizon also asserts that the proposed revisions are filed pursuant to § 3(a) of Price Cap Plan 2004 ("Plan").<sup>5</sup> Finally, Verizon requests expedited review of this application under Chapter 35 of Title 15 of the District of Columbia Municipal Regulations.

4. The complete text of the General Services Tariff is on file with the Commission. The proposed tariff revision may be reviewed at the Office of the Commission Secretary, 1333 H Street, N.W., Second Floor, West Tower, Washington,

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<sup>1</sup> D.C. Official Code § 2-505 (2001 Ed.).

<sup>2</sup> *TT08-04, In the Matter of the Application of Verizon Washington, DC Inc. For Authority to Amend the General Services Tariff, P.S.C.-D.C. No. 203 ("TT 08-04")*, Letter from J. Henry Ambrose of Verizon Washington, DC Inc. to Dorothy Wideman, Commission Secretary, filed March 28, 2008 ("Application").

<sup>3</sup> See Verizon DC's Application at 1.

<sup>4</sup> See Verizon DC's Application at 2.

<sup>5</sup> See Formal Case No. 1005, *In the Matter of Verizon Washington, DC Inc.'s Price Cap Plan 2004 for the Provision of Local Telecommunications Services in the District of Columbia*, Order No. 13370, rel. September 9, 2004, ("Price Cap Plan" or "Plan").



D.C. 20005, between the hours of 9:00 a.m. and 5:30 p.m., Monday through Friday or on the Commission's website at [www.dcpSC.org](http://www.dcpSC.org). Copies of the tariff are available upon request, at a per-page reproduction cost.

5. All comments on Verizon DC's Application must be filed with Dorothy Wideman, Commission Secretary, at the above address and must be received within thirty (30) days of the date of publication of this NOPR in the *D.C. Register*. Reply comments may be filed within thirty-five (35) days after the date of publication of the NOPR in the *D.C. Register*. After the comment period has expired, the Commission will take final action.